

DECLARATION FOR PATENT APPLICATION

Docket # _____

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or as original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PRECISION MEDICATION DELIVERY METHOD, the specification of which

(check one) ☒ is attached hereto.

☐ was filed on _____, as

Application Serial No. _____

and was amended on _____

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, section 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Number	Country	Date Filed (day/month/year)	Priority Claimed
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(Not applicable)

_____ [] Yes [] No

_____ [] Yes [] No

I hereby claim the benefit under Title 35, United States Code, section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, section 1.56(a) which occurred between the filing date of the prior application and the national or

PCT international filing date of this application:

(Not applicable)

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the following attorney to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Address all telephone calls to: Bradley P. Sylvester, (Reg. No. 36,944) at
telephone number (316) 264-0100.

Address all correspondence to: Bradley P. Sylvester
200 North Broadway - Suite 300
Wichita, Kansas 67202
fax (316) 264-1771

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor:

ION DAVIS MOLLHAGEN

Citizenship U.S.

First Inventor's Signature

Residence 2445 10th Rd.
Lorraine, KS 67459

Date 12-01-03

Applicant or Patentee: JON DAVIS MOLLHAGEN

Serial or Patent No.: _____

Filed or Issued: _____

For: PRECISION MEDICATION DELIVERY METHOD

Attorney's Docket No.: _____

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS 37 CFR 1.9(f) AND 1.27(b) - INDEPENDENT INVENTOR

As a below named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled PRECISION MEDICATION DELIVERY METHOD, described in

- ☒ the specification filed herewith
☐ application serial no. _____,
filed _____
☐ patent no. _____,
issued _____

I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who could not be classified as an independent inventor under 37 CFR 1.9(c) if that person had made the invention or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:

- ☒ no such person, concern, or organization
☐ persons concerns or organization listed below*

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

(Not applicable)

NAME _____

ADDRESS _____

- ☐ INDIVIDUAL
☐ SMALL BUSINESS CONCERN
☐ NONPROFIT ORGANIZATION

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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF INVENTOR: JON DAVIS MOLLHAGEN

SIGNATURE OF INVENTOR: _____



DATE: 12-01-03